

State of New Hampshire

2011 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2011

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 04/01/2011

Business ID: 35743

William M. Gardner

Secretary of State

PITCO FRIALATOR, INC.

1400 TOASTMASTER DR
ELGIN, IL 60120

ADDRESS OF PRINCIPAL OFFICE:

JCT I-89 & RT 3A , PO BOX 501

CONCORD, NH 03302

REGISTERED AGENT AND OFFICE:

C T CORPORATION SYSTEM

9 CAPITOL ST

CONCORD, NH 03301

ENTITY TYPE: CORPORATION

BUSINESS ID: 35743

STATE OF DOMICILE: NEW HAMPSHIRE

Manufacturer of equipment

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☒ The new mailing address 1400 TOASTMASTER DR, ELGIN, IL 60120

☒ The new principal office address JCT I-89 & RT 3A PO BOX 501, CONCORD, IL 03302

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

V-PRES. Tim Fitzgerald

STREET 1400 TOASTMASTER DR

CITY/STATE/ZIP Elgin IL 60120

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. Selim Bassoul

STREET 1400 TOASTMASTER DRIVE

CITY/STATE/ZIP Elgin IL 60120

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

To be signed by an officer, director, or any other person authorized by the board of directors.
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: Jessica Fleischer

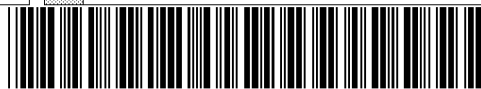
Please print name and title of signer: Jessica Fleischer / AUTHORIZED PARTY

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



3574320111007

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529